

MARYLAND HEALTH CARE COMMISSION

Summary of the Healthcare-Associated Infections (HAI) Advisory Committee Meeting

October 8, 2009

Committee Members Present

Beverly Collins, MD, MBA, MS (via telephone)
Sara E. Cosgrove, MD, MS (via telephone)
Jacqueline Daley, HBS, MLT, CIC, CSPDS
Maria E. Eckart, RN, BSN, CIC
Elizabeth P. (Libby) Fuss, RN, MS, CIC
Anthony Harris, MD, MPH
Andrea Hyatt (via telephone)
Lynne V. Karanfil, RN, MA, CIC (via telephone)
William Minogue, MD
Carol Payne (via telephone)
Peggy A. Pass, RN, BSN, MS, CIC
Michael Anne Preas, RN, BSN, CIC
Brenda Roup, PhD, RN, CIC
Jack Schwartz, Esq. (via telephone)

Committee Members Absent

Eli Perencevich, MD, MS

Public Attendance

Mary Andrus, APIC Consulting Services, Inc.
Katherine Feldman, Department of Health and Mental Hygiene
Damon Green, University of Maryland
John Krick, Department of Health and Mental Hygiene
Patty Leeman, APIC Consulting Services, Inc.
Beverly Miller, Maryland Hospital Association
Mary Mussman, MD, Department of Health and Mental Hygiene
Pat Ryan, Department of Health and Mental Hygiene
I-Fong Sun, Johns Hopkins University
Nicole Stallings, Department of Health and Mental Hygiene

Commission Staff

Pam Barclay
Theresa Lee
Mariam Rahman
Deme Umo
Eileen Witherspoon

1. Welcome and Introductions

Pam Barclay, Director, Center for Hospital Services, called the meeting to order at 1:00 p.m and stated all who were present in person and on the phone.

2. Review of Previous Meeting Summary (August 26, 2009)

Ms. Daley stated she had some minor changes which she would send later.

3. Presentation: Maryland CLABSI Audit Plan

Ms. Barclay introduced the contractors who will be conducting the CLABSI Audit Project, Patty Leeman and Mary Andrus. Ms. Andrus reviewed the plan for conducting the CLABSI Audit including the letter that will be sent to the facilities and the steps for selecting patient records for review. She said the purpose of the audit is to review the data and how it is collected. Hospitals will need to send in a list of positive blood cultures for ICU/NICU patients to MHCC. She said ICUs will be ranked based on their CLABSI rate reported through NHSN and then either every ICU can be reviewed with 2-3 records per ICU or every hospital can be reviewed with 4-5 records per hospital. In total there will be 200 charts reviewed across all hospitals. Dr. Harris asked why only 200 charts would be reviewed. Ms. Barclay stated it was a cost issue. Ms. Andrus said education of hospital staff is also a main focus of the audit. She said she will be available if there are any disagreements between auditors and hospital staff. Dr. Minogue asked if the data would be publicly reported after the audit and Ms. Barclay stated it would. Ms. Andrus said it is a random audit similar to what New York and South Carolina are currently doing. Ms. Pass said it was important to note that a hospital's performance from last year is not indicative of performance today. Ms. Barclay said the committee will need to make a decision on how to publicly report this data and the frequency. Ms. Lee stated the data may be reported in a rolling 12 month period and performance over time will be shown. Ms. Daley asked if auditors had already been selected. Ms. Andrus confirmed they have been identified. She said there was a concern about having IPs from Maryland conduct the audit, so there will be no Maryland IPs involved in the audit. Ms. Andrus said the main reason for collecting and auditing CLABSI data is to improve practice in the hospitals.

Ms. Barclay discussed various options for conducting the audit. She said the initial thought was to audit all ICUs (option 1) to make sure every ICU is reached and all are reporting the same way. Several committee members expressed preference for option 2 in which every hospital, not every ICU, is audited with more records reviewed per hospital. They said it should be the hospital's responsibility to educate staff and make sure all units are reporting correctly. There are approximately 13 hospitals with more than one ICU. The group agreed to proceed with option 2, audit every hospital. Ms. Daley asked when the audit would start; Ms. Barclay said the goal was to have the majority of the on-site work completed by the end of the year. Ms. Preas said letters should be sent out to hospitals as soon as possible so they have time to compile the data for the audit.

4. Briefing: CDC Grant to Support Surveillance and Prevention of Healthcare-Associated Infections

Ms. Feldman gave a presentation on the CDC funding to support surveillance and prevention of healthcare-associated infections. She explained that it was a cooperative agreement (not a grant) and discussed the background of the epidemiology and laboratory capacity for infectious diseases through which the money is received. She explained the purpose of the HAI prevention program and the timelines. Maryland will receive funding for 28 months, which will support 3 full-time and 2 half-time staff positions at MHCC and DHMH. Funding will also support external validation of NHSN data as well as the initiation of two prevention collaboratives. Ms. Feldman said that quarterly reports must be submitted to CDC to show progress. Ms. Barclay said four subcommittees will also be set-up to advise the project and hospitals will be contacted to participate.

5. Briefing: Implementation of the Statewide Hospital Hand Hygiene Campaign

Ms. Barclay reviewed the background on the Statewide Hospital Hand Hygiene Campaign and the HAI Advisory Committee's involvement. She said the report that the Advisory Committee developed was sent to the DHMH Secretary and the Governor's Council. The Council met earlier in the month and the presentation was provided to committee members. Ms. Barclay said the Maryland Patient Safety Center will work with hospitals to implement the campaign. She said the kick-off meeting is set for early November. The HAI advisory committee may be involved in a supportive role with the Patient Safety Center. Ms. Stallings provided additional details about the kick-off meeting which will be held in Baltimore on November 3rd. Dr. Minogue discussed the model that will be used for the collaborative.

6. Other Business

Future Meeting Schedule (November-December 2009 and 2010)

Ms. Barclay said members will be polled on their availability for meeting dates for November-December since the current dates fall during holiday weeks. Ms. Barclay said members should start thinking about the 2010 meeting schedule as well and whether or not to keep the regularly scheduled meeting which is the fourth Wednesday of every month from 1-3 pm.

7. Adjournment

The meeting adjourned at approximately 3:00 p.m. The next meeting is scheduled for October 28, 2009.